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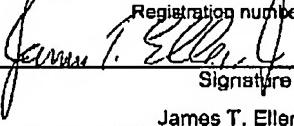
SEP 22 2008

PTO/SB/22 (08-08)

Approved for use through 08/30/2008. OMB 0551-0031

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818).)</i>  |                        | Docket Number (Optional)<br><br>0465-1100P                                     |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
|--|------------------------|--|-------------|-----|------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|-------------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number   | 10/722,465-Conf. #7975 | Filed November 28, 2003  |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| For WASHING MACHINE  |                        |  |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| Art Unit 1792  | Examiner R. R. Patel   |  |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |                        |  |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                        |  |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$460</td> <td>\$230</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1050</td> <td>\$525</td> <td>\$ 1,050.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1640</td> <td>\$820</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2230</td> <td>\$1115</td> <td>\$ _____</td> </tr> </tbody> </table> |                        |  |             | Fee | Small Entity Fee |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ 1,050.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ |
|  | Fee                    | Small Entity Fee   |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                  | \$60   | \$ _____    |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460                  | \$230  | \$ _____    |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050                 | \$525  | \$ 1,050.00 |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1640                 | \$820  | \$ _____    |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2230                 | \$1115   | \$ _____    |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>02-2448</u> .  |                        |  |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.<br>Provide credit card information and authorization on PTO-2038.  |                        |  |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,538</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>                  </u>   |                        |  |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <br>Signature<br><u>James T. Eller, Jr.</u><br>Typed or printed name  |                        | <u>September 22, 2008</u><br>Date<br><u>(703) 205-8000</u><br>Telephone Number |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |                        |  |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |                        |  |             |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |

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